

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITIONS AND METHODS FOR PREVENTING OR REDUCING PLAQUE AND/OR
GINGIVITIS USING A BIOACTIVE GLASS CONTAINING DENTIFRICE**

the specification of which

☐ is attached hereto

OR

☒ was filed on December 17, 2004 as United States Application Number or PCT International Application Number PCT/US2004/043097 and was amended on (mm/dd/yyyy) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (mm/dd/yyyy)	Priority Claimed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby appoint the attorneys and agents associated with the following PTO Customer Number of Hutchison Law Group PLLC to prosecute the application identified above and to transact all business in the United States Patent and Trademark Office connected therewith:

Address all correspondence to: Customer Number: 45473
Hutchison Law Group PLLC
P.O. Box 31686
Raleigh, North Carolina 27612
(919) 829-9600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	David C. GREENSPAN
Signature	
Date	
Residence (City, State, Country)	Gainesville, FL
Citizenship	US
Mailing Address	3116 NW 62nd Terrace
City, State, ZIP, Country	Gainesville, FL 32606
FULL NAME OF SECOND INVENTOR	Guy LaTORRE
Signature	
Date	
Residence (City, State, Country)	Gainesville, FL
Citizenship	US
Mailing Address	4416 NW 60th Terrace
City, State, ZIP, Country	Gainesville, FL 32606
FULL NAME OF THIRD INVENTOR	Leonard J. LITKOWSKI
Signature	
Date	
Residence (City, State, Country)	Baltimore, MD
Citizenship	US
Mailing Address	621 Sussex Road
City, State, ZIP, Country	Baltimore, MD 21286

FULL NAME OF FOURTH INVENTOR	Gary D. HACK
Signature	
Date	
Residence (City, State, Country)	Columbia, MD
Citizenship	US
Mailing Address	8908 Skyrock Court
City, State, ZIP, Country	Columbia, MD 21046
FULL NAME OF FIFTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SEVENTH INVENTOR	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF EIGHTH INVENTOR	
Signature	